BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		Effect			14 K 10	35	-124	フ 					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			, (RA	TE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			(minus 20=		· 0		X\$	9=	0	OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		• 0		X4	2=	ø	OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	ESENT				+14	10=	0	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								<u> </u>			TOTAL		
CLAIMS AS AMENDED - PART II									375	Un	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• (0	Minus	- 0	0	=	×s	9=		OR	X\$18=		
	Independent	· 2	Minus:	***	<u>3 </u>	=	X4	2=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							iO=		OR	+280=		
								OTAL	 -		TOTAL		
		(Column 1)		(Colui	mn 21	(Column 3)	ADDIT	FEE	L	ıo	addit. Fee	L	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	IEST BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		-	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***	CLAMA	-	X4	2=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								0=		OR	+280=		
								FEE	L	OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	īΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$	9≖		OR	X\$18=		
	Independent	*	Minus	***		2	X4	2=			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		· · ·	OR	<u> </u>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
***	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR												